

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.Portland, OR 97201
OFFICIAL USE

Certified Mail Fee \$3.75 0009 2

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.56

Total Postage and Fees \$8.36 12/28/2021

Sent To Tamara Lundgren

Street and Apt. No., or PO Box No. 299 SW Clay St. Ste. 350

City, State, ZIP+4[®] Portland, OR 97201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tamara Lundgren
Schnitzer Steel Industries, Inc.
299 SW Clay St., Ste. 350
Portland, OR 97201



9590 9402 6483 0346 3976 89

2. Article Number (Transfer from service label)

7018 1830 0000 3180 3166

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature

X Rte 134 C09 ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Joel Squires

C. Date of Delivery

12-27

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature ☐ Priority Mail Express[®]

☐ Adult Signature Restricted Delivery ☐ Registered MailTM

☒ Certified Mail[®] ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Signature ConfirmationTM

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Mail Restricted Delivery

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.Boston, MA 02110
OFFICIAL USE

Certified Mail Fee \$3.75 0009 2

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.56

Total Postage and Fees \$8.36 12/20/2021

Sent To CT Corporation System

Street and Apt. No., or PO Box No. 155 Federal Street Ste 700

City, State, ZIP+4[®] Boston MA 02110

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C T Corporation System
155 Federal Street, Ste. 700
Boston, MA 02110



9590 9402 6483 0346 3759 08

2. Article Number (Transfer from service label)

7018 1830 0000 3180 3203

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X SC ☐ Agent ☐ Addressee

B. Received by (Printed Name)

SC

C. Date of Delivery

12-27

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature ☐ Priority Mail Express[®]

☐ Adult Signature Restricted Delivery ☐ Registered MailTM

☒ Certified Mail[®] ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Signature ConfirmationTM

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery

☐ Mail Restricted Delivery

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.Portland, OR 97201
OFFICIAL USE

Certified Mail Fee \$3.75 0009 2

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$2.56

Total Postage and Fees \$6.36 12/20/2021

Sent To Michael R. Henderson

Street and Apt. No., or PO Box No. 299 SW Clay Ste 350

City, State, ZIP+4[®] Portland, OR 97201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael R. Henderson
Schnitzer Steel Industries, Inc.
299 SW Clay, Ste. 350
Portland, OR 97201



9590 9402 6483 0346 4069 54

2. Article Number (Transfer from service label)

7018 1830 0000 3180 3173

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rte 134 C09 ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Joel Squires

C. Date of Delivery

12-27

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature ☐ Priority Mail Express[®]

☐ Adult Signature Restricted Delivery ☐ Registered MailTM

☒ Certified Mail[®] ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Signature ConfirmationTM

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery

☐ Mail Restricted Delivery

7018 1830 0000 3180 3197

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Salem, OR 97301

OFFICIAL USE

Certified Mail Fee \$3.75 0009 2

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.56

Total Postage and Fees \$8.36

Sent To CT Corporation System

Street and Apt. No., or PO Box No. 780 Commercial St SE Ste 100

City, State, ZIP+4® Salem OR 97301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Case 1:22-cv-00067-JL Document 1-3 Filed 02/22/22 Page 2 of 2

COMPLETE THIS SECTION ON DELIVERY

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C T Corporation System
 Registered Agent for Schnitzer Steel Industries, Inc.
 780 Commercial St. SE, Ste. 100
 Salem, OR 97301

2. Article Number (Transfer from service label)

9590 9402 6483 0346 3759 15

7018 1830 0000 3180 3197

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation®
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

Mail Restricted Delivery 00

Domestic Return Receipt